Date: 10 - 11 - (3) Time: 9 : 30 Location: 11 + format + Hinds Please Circle Appropriate Action: New Line Installation / Line Repair/Service Line NEW LINE INSTALLATION: Were State approved or AWWA Standards Followed: (YES / NO) Detailed summary of disinfection procedure used (Use back of page if needed) Chlorine Residual Prior to Initial Flush: Date / Time of Initial Flush: Length of Time of Initial Flush: Chlorine Residual after Flush: Vater Supply (WS) Project Number: FOR LINE REPAIRS: Interruption of Water Service: YES NO Noin Size: Q ¹ Por partially of fully de-watered mains: Was positive pressure maintained while a trench was opened and area cleaned: Were State approved or AWWA Standards Followed: (YES) NO) Becd.ed Pair (a March Were State approved or AWWA Standards Followed: (YES) NO) Becd.ed Becd.ed Was water main contaminated during the repair process? (YES / NO) Becd.ed Becd.ed Disinfection Procedure / Calculations (Use back of page if needed): March Beader Amount of Time Line Flushed:	FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR	
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FOR LINE REPAIRS: Interruption of Water Service: YESNONumber of CustomersAffected: Main Size: 2. DL Repaired Under Pressure: YESNO For partially or fully de-watered mains: Was positive pressure maintained while a trench was opened and area cleaned? (YES / NO) 'Time Water Main Valved Off (positive pressure removed): am / pm Nature of Leak or Break:	Date / Time of Initial Flush: Length of Time of Initial	
Interruption of Water Service: YESNONumber of CustomersAffected:Main Size: <u>A</u> ⁽¹⁾ <u>PUC</u> Repaired Under Pressure: YESNO For partially or fully de-watered mains: Was positive pressure maintained while a trench was opened and area cleaned? (YES / NO) ¹ Time Water Main Valved Off (positive pressure removed): am / pm Nature of Leak or Break: <u>Auture of Leak or Break</u> : <u>Auture of Time Line Flushed</u> :Minutes <u>Bacteriological Sample Collected</u> : YES NO Results**: <u>Auture of Time Water Main Returned to Service</u> : am / pm <u>Additional Comments</u> : <u>S < C</u> <u>PLotes</u>	Water Supply (WS) Project Number:	
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NO) Time Water Main Valved Off (positive pressure removed): am / pm Nature of Leak or Break:	For partially or fully de-watered mains:	
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Residual:mg/L Bacteriological Sample Collected: YES NO Results**: (**Attach copy of results to record) Date / Time Water Main Returned to Service: am / pm Additional Comments: S	Was water main contaminated during the repair process? (YES / NO) Reached Bend Disinfection Procedure / Calculations (Use back of page if needed):	
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